



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc frp: Apr 2013
IN REPLY REFER TO
BUMEDNOTE 6410
BUMED-M3
24 Apr 2012

BUMED NOTICE 6410

From: Chief, Bureau of Medicine and Surgery

Subj: AUTHORIZATION FOR USE OF MEDICATIONS IN SUPPORT OF NAVAL
AVIATION FATIGUE MANAGEMENT PROGRAMS AND INTERIM CHANGE
TO NAVMED P-6410

Ref: (a) NAVMED P-6410, Performance Maintenance During Continuous Flight Operations,
Jan 2000

1. Purpose. To update use of specific medications as part of the Naval Aviation Fatigue Management Programs.
2. Scope. This notice applies to all naval aviation commands.
3. Discussion. The use of 200mg Provigil (modafinil) is directed as a preferred alternative to Dextro-amphetamine as a stimulant in Naval Aviation Fatigue Management Programs. Modafinil doses should be separated by 8 hours and no more than 400mg per 24-hour period is recommended. Modafinil has proven to be a more effective medication than Dextro-amphetamine with a reduced negative side effect profile when properly employed, to include medical monitoring and ground testing. Modafinil is also the medication preferred by other Department of Defense services, bringing Navy Medicine into policy and procedural alignment. Dextro-amphetamine shall remain a second alternative, when deemed appropriate by medical authority. While the use of Ambien (zolpidem) has proven effective as a sedative in Fatigue Management Programs, Restoril (Temazepam) is no longer considered to be consistent with safety in flight. Sonata (Zaleplon) possesses a significantly less negative side effect profile and should be considered the alternative to zolpidem.
4. Action. Effective immediately Restoril (temazepam) will no longer be used for Fatigue Management. Modafinil and zaleplon now are authorized for use. Reference (a), page 16 guidance for the use of temazepam is hereby superceded.
5. Cancellation Contingency. Retain until incorporated into reference (a).

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